

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15		1					65								
16		1					66								
17		1					67								
18		1					68								
19		1					69								
20		1					70								
21		1					71								
22		1					72								
23		1					73								
24		1					74								
25	1						75								
26		1					76								
27	1						77								
28		1					78								
29		1					79								
30		1					80								
31		1					81								
32		3					82								
33		3					83								
34		3					84								
35		3					85								
36		3					86								
37		3					87								
38		3					88								
39		3					89								
40		3					90								
41		3					91								
42		3					92								
43		3					93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	64						TOTAL DEP.								
TOTAL CLAIMS	67						TOTAL CLAIMS								

12
3
26

34
12
46